

## FULTON'S COMMENTS ANGER ALBERTA'S PHYSICIANS

Jane Fulton, Alberta's controversial deputy health minister, is in hot water again — this time for alleging in a CBC Radio interview that the "wives of physicians have about half the incidence of hysterectomy as the rest of us. What do doctors tell their wives that they don't tell us? I've been single for 17 years, I'm looking for a doctor to marry me to protect my uterus."

Fulton did not indicate where she received her information about the incidence of hysterectomy among the wives of Canadian physicians. Alberta Medical Association president Dr. Guy Gokiart, who called the allegation demeaning and inappropriate, promptly wrote the minister of health to demand an explanation.

"The notion that physicians treat their patients differently than family members is offensive," Gokiart said. "It is even more offensive to portray women as helpless individuals who need a physician-husband to protect their health." The AMA newsletter *MDscope* said it was the third time in recent weeks that Fulton has taken shots at doctors. It said she publicly alleged that doctors don't counsel smoking cessation because the service doesn't generate enough income, and that nurses are more progressive than physicians in similar circumstances. Gokiart said the deputy minister should not use her public position "to advance personal views on physician integrity."

## PSYCHIATRISTS HAPPY WITH END OF ONTARIO STRIKE

Physicians at Ontario's psychiatric hospitals breathed a sigh of relief when the month-long strike by the province's public servants finally came to an end early in April. On Mar. 25 the Department of Psychiatry at the University of Toronto issued a news release expressing serious concern about deteriorating conditions at its affiliated psychiatric hospitals, and said outpatients were not getting access to necessary care. The provincial government excluded psychiatric hospitals from the list of essential services in which workers were not allowed to strike. As a result, demands on psychiatry departments within the university teaching hospital network increased and the system's ability to respond to crises was compromised, U of T said.

## DEADLINE APPROACHES FOR CMAJ CONTEST FOR MEDICAL STUDENTS

The deadline for entries to CMAJ's 1996 Logie Medical Ethics Essay Contest is fast approaching. The contest is open to undergraduate medical students attending Canadian universities and entries must be received by June 1, 1996. The essays are expected to raise and discuss ethical issues that will interest Canada's physicians. This year the prize money for the contest's three awards has been increased to \$1500, \$1000

and \$750. Essays are judged by editors from CMAJ's scientific and news and features sections, and the winning entries will be published in the journal early in 1997.

"With the contest we are trying to encourage Canada's future physicians to write for a medical audience," said Dr. Bruce Squires, the editor-in-chief. "I hope we are also sending a message about the importance the CMA and this journal place on the ethical issues physicians face in daily practice." Submissions should be addressed to the News and Features Editor, CMAJ, PO Box 8650, Ottawa ON K1G 0G8; if sent by courier, use this address: 1867 Alta Vista Dr., Ottawa ON K1G 3Y6.

## CMA SEEKS AMENDMENTS TO FEDERAL DRUG BILL

The CMA is continuing to pressure the government to amend Bill C-8, the Controlled Drugs and Substances Act. In a brief presented to the Senate Legal and Constitutional Affairs Committee Mar. 27, the CMA recommended that the federal government amend the legislation to strike an appropriate balance between illegal drug use and the legitimate medical use of drugs. An amendment introduced to the bill's predecessor, Bill C-7, would have restricted the government's regulatory power, but the legislation died on the order paper.

The CMA acknowledged that significant amendments have already been made in response to physicians'

concerns. For instance, as a result of CMA lobbying, the act of writing a prescription for a controlled drug will not be considered trafficking under the legislation. As well, the status of the double-doctoring offence has been restored, the definition of drugs controlled under the legislation has been restricted, physicians will not be subject to a double penalty when convicted of a drug-related offence and patient records will not be subject to administrative scrutiny. However, the CMA believes that failure to amend the bill will encourage Ottawa to take an intrusive approach to medical practice by regulating the medical use of drugs.

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### PHARMACISTS TOLD TO PROVE ADDED VALUE

Pharmacists planning to take the lead in controlling drug-plan costs need to demonstrate their profession's value to third-party payers, employer groups and government, participants attending a pharmacy-affairs forum hosted by the Canadian Pharmaceutical Association (CPA) were told recently. A business executive from J.D. Irving Ltd. said employers are willing to discuss drug-use-management strategies with pharmacists, but few businesses have recognized the added value pharmacists say they provide. A representative from the New Brunswick government agreed, saying pharmacists are in an enviable position for providing solutions to escalating drug-plan costs, but they must show they provide cost-effective health outcomes.

"We must work in partnership with government, third-party payers, other health care professionals and patients if we are to find solutions to

the drug-use-management problem," Bill Wilson, the CPA president, said following the Moncton, NB, forum. "We must seek out our primary role and niche in the marketplace as drug and patient care experts. If we don't, somebody else will."

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### DEPRESSION HOT LINE OPENS IN ONTARIO

Two Hamilton psychiatrists have developed an information centre to promote awareness of depressive illness and provide practical information on diagnosis, course and treatment of depression to patients and physicians. DIRECT, Ontario's new Depression Information Resource and Education Centre, will provide the latest in diagnosis and treatment findings for physicians and clinicians through a toll-free telephone line, 888 557-5050, code 800. A separate line for the public, 888 557-5051, ext. 8000, will promote self-learning about depressive disorders. The service, sponsored by five pharmaceutical companies, is the brainchild of Drs. Anthony Levitt and Russell Joffe.

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### MAY 31 MARKS NO-TOBACCO DAY

The theme of this year's World No-Tobacco Day on May 31 is "Sport and the arts without tobacco." Portraying athletes and artists as role models of a "smoke-free" and therefore healthy lifestyle can provide a powerful means of conveying the stop-smoking message to the public, and young people in particular, the World Health Organization said in a

special edition of *Tobacco Alert*. World No-Tobacco Day is an opportunity to appeal to everyone who smokes or chews tobacco to give up the habit, WHO said.

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### DO OLD MEN HAVE BIGGER EARS?

Researchers have concluded that as we get older our ears get bigger — by an average of 0.22 mm per year. The conclusion is based on the results of a study of 206 patients by four general practitioners, published in the *BMJ*'s Dec. 23-30, 1995, issue. The study was conducted by four GPs, who had asked patients (mean age 53.75 years) making routine visits for permission to measure the external length of the left ear and to record the result and the patient's age. No one refused to participate, and many were quite interested in the project, Dr. James Heathcote reported. The data were analyzed by computer, and researchers were able to confirm the chance observation that older people have bigger ears.

Publication of the results prompted a flurry of correspondence from around the world. The resulting discussion involved the correlation of ear length with age, the belief that thick ears signify wealth, the number of Celtic words (like *clustiog* and *skouarnnek*) that denote big ears, and whether there has been a trend toward smaller ears caused by less frequent boxing or scrubbing of children's ears. A Japanese correspondent observed that the project was "a good example of studies that primary care physicians can carry out to answer questions that the literature does not resolve."